



2597 Avery Avenue • Memphis, TN 38112-4892 • (901) 416-5300

## Student Records

Phone: (901) 416-5843

**Board policy requires two (2) forms of identification (one a photo)  
to release a transcript The cost for each transcript is \$1.00**

**NOTE: Allow one week for processing and mailing transcripts on microfilm.**

## REQUEST FOR TRANSCRIPT

Your name while attending school \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Check one of the following:

\_\_\_ African American \_\_\_ American Indian/Eskimo \_\_\_ Asian/Pacific Islander \_\_\_ Hispanic \_\_\_ White/Anglo

Parent's name \_\_\_\_\_

Address while attending school \_\_\_\_\_

Last school attended in Memphis City Schools \_\_\_\_\_

Last year attended in Memphis City Schools \_\_\_\_\_

Highest grade attended in Memphis City Schools \_\_\_\_\_

Did you graduate from high school? \_\_\_ Yes \_\_\_ No If yes, what year? \_\_\_\_\_

Did you attend adult/night school? \_\_\_ Yes \_\_\_ No If yes, what year? \_\_\_\_\_

I need a transcript for \_\_\_\_\_

---

Current Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Social Security Number \_\_\_\_\_

---

Mailing address for transcript, if different \_\_\_\_\_

Signature \_\_\_\_\_ Date Requested \_\_\_\_\_

.....  
\_\_\_ Photo ID \_\_\_ 2<sup>nd</sup> ID \_\_\_ Fee Paid

Signature of Records Official

Date Mailed